P1900058007

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
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_		
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: BOCA'S BEST EU	ROPEAN AND DOMEST	IC AUTO REPAIR INC.
DOCUMENT NUME	P19000058007		<u></u>
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this ma	ter to the following:	
	JOSEPH MORGADO JR		
		Name of Contact Person	l
	BOCA'S BEST EUROPEAN	AND DOMESTIC AUTO	REPAIR INC.
		Firm/ Company	
	810 NW IST AVE		
		Address	
	BOCA RATON, FL 33432		
	7.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	City/ State and Zip Code	:
	CANDY@KTAFA.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
CANDY KAPLAN		954 at (772-4000
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810 issee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

BOCA'S BEST EUROPEAN AND DOMESTIC AUTO REPAIR INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(<u>N</u>	ame of Corporation as currently filed with the Fl	orida Dept. of Spile) DEC 27 AH Q-
19000058007		
	(Document Number of Corporation (if k	nown) TALLAHASSEE, FI
ursuant to the provisions of sections Articles of Incorporation:	n 607.1006, Florida Statutes, this Florida Profit Cor	
. If amending name, enter the p	ew name of the corporation:	
		The new
	ontain the word "corporation," "company," or "incon "Corp," "Inc," or "Co". A professional contion," or the abbreviation "P.A."	
Enter new principal office add		
Principal office address <u>MUST B</u>	E A STREET ADDRESS)	
Enter new mailing address, if (Mailing address MAY BE A F	applicable: OST OFFICE BOX)	
	ent and/or registered office address in Florida, en ne new registered office address:	iter the name of the
Name of New Registered A	lgent	
	(Florida street address)	
New Registered Office Add	fress:	, Florida
	(City)	(Zip Code)
	e, if changing Registered Agent: registered agent. I am familiar with and accept the	e obligations of the position.
	Signature of New Registered Agent, if	Cchanging
	ingrient of their negations in heart, y	o - o

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President: V = Vice President: T = Treasurer: S = Secretary: D = Director: TR = Trustee: C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>L.L.</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes_		
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
I) Change	VP	_	PAUL TRIGONES		RIO NW IST AVE
Add				-	BOCA RATON, FL 33432
X Remove				_	
2) Change		_			
Add					
Remove 3) Change		, -			
Add					
Remove				-	
4) Change		- - -			
Add					
Remove					
5) Change				 -	
Add					
Remove				-	
<i>δ</i>) Change		_			<u></u>
Add					
Remove				-	

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
/A	
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	tradicity is not contained in the arteriament room.
/A	

. .

DECEMBER 13, 2024	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'"	
(voting group)	
December 18, 2024 Dated	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
JOSEPH MORGADO JR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	